

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Targeted Victory LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 10 / 2022
Mailing Address 2311 Wilson Blvd Suite 200		Amount 50000.00
City Arlington	State VA	Zip Code 22201
Purpose of Expenditure Digital Placement	Category/ Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 02 / 10 / 2022
Name of Federal Candidate Luttrell, Morgan, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX
Calendar Year-To-Date Per Election for Office Sought 50000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Targeted Victory LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 10 / 2022
Mailing Address 2311 Wilson Blvd Suite 200		Amount 25000.00
City Arlington	State VA	Zip Code 22201
Purpose of Expenditure Digital Placement	Category/ Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 02 / 10 / 2022
Name of Federal Candidate Hunt, Wesley, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 38 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX
Calendar Year-To-Date Per Election for Office Sought 25000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 11 / 2022

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Targeted Victory LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 10 / 2022</b>	
Mailing Address 2311 Wilson Blvd Suite 200			Amount <b>25000.00</b>	
City Arlington	State VA	Zip Code 22201	Transaction ID : 003	
Purpose of Expenditure Digital Placement		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 10 / 2022</b>	
Name of Federal Candidate De La Cruz, Monica, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>15</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>25000.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>25000.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>100000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

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Date

MM / DD / YYYY  
**02 / 11 / 2022**

Signature